

# Northwestern School District

100 Harthan Way, Albion, PA 16401-1368

Phone: (814) 756-9400 Fax: (814) 756-9414 web address: [www.nwsd.org](http://www.nwsd.org)

Mr. Patrick M. Kelley, Superintendent

Mr. Paul P. Sachar, Business Manager

Dear \_\_\_\_\_,

Your child \_\_\_\_\_ was involved in a restraint.

You can expect to hear directly from the classroom teacher or other representative of the school program via a telephone conference (this may have taken place already).

Physical management of any student is something we take very seriously. In order to further discuss this issue and the circumstances that surround it, you have the opportunity to participate in an Individualized Education Program (IEP) meeting, which, according to the Chapter 14 Regulations, must take place within 10 school days.

You also have the option of waiving this IEP, should both you and the rest of the IEP team feel that the IEP and Behavior Program are meeting your child's needs.

Please indicate by checking in one of the boxes below, whether you would prefer to have an IEP meeting or if you wish to waive it.

☐ I would like to schedule an IEP Meeting in the next 10 School Days. I am available on the following dates and times:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☐ I would like to waive the IEP Meeting required by Chapter 14 for the PA School Code.

Reason for waiving the meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Completing This Form (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form should be completed and returned to your child's teacher.**

*(Classroom teacher will submit copy to supervisor/ classroom file/ original to perm. file)*

Please contact Kristen Rutkowski (756-9400 ext. 2201) should you have any questions or concerns regarding this form.